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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Andrew Kerr
Appl. No.	:	09/900,241
Filed	:	July 6, 2001
For	:	AXIALLY-CONNECTED STENT/GRAFT ASSEMBLY

Assistant Commissioner for Patents
Washington, D.C. 20231

SECOND INFORMATION DISCLOSURE STATEMENT

Sir:

This Information Disclosure Statement is accompanied by a copy of Form PTO-1449 that identifies two references. Copies of the references are attached as well. Both references show very complicated stent-graft assemblies that employ a connection referred to as butt joint. It appears that the stent-graft assemblies of the references attempt to achieve two objectives simultaneously, namely, a low profile and a prevention of blood flow between the graft and the aneurysm (Type I endoleak). This is achieved in the references by initially providing an axial space between the graft and the stent.

The axial space between the stent and the graft is bridged by a complicated array of hooks, T-bars, staples or ribbons in U.S. Patent No. 5,769,887. The complex device with the axial space between the graft and stent is introduced in U.S. Patent No. 5,769,887 by a correspondingly complicated catheter having an elongate shaft

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on August 2, 2002
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and a cross sectionally large delivery base on a distal portion of the shaft. After initial positioning of the stent-graft assembly, the catheter is employed in U.S. Patent No. 5,769,887 to generate radial expansion at one end of the graft to pull the complex stent axially relative to the graft in an effort to bridge the gap between the graft and the stent in a way that will prevent the Type I endoleak.

U.S. Patent No. 5,728,131 includes an entirely separate outer tubular coupler to bridge the axial gap between the stent and the graft, and hence more accurately resembles a butt joint, with end-to-end members supported by an overlapping member.

The references explain that the complex delivery catheters have an insertion diameter of about 6-7mm.

The subject invention differs significantly from the references in view of the absence of an initial axial space between the stent and graft. Thus, the subject invention does not need to bridge the axial gap that exist in the references, and hence does not require the complex interconnection to generate movement between the stent and graft. The invention also does not need the large complex catheter and does not need the outer coupler. The subject invention does not attempt to use the stent-graft assembly to positively prevent Type I endoleak. Thus, a smaller profile catheter can be used for introducing the stent-graft assembly into a damaged blood vessel (e.g. 4.5mm). This result in a less traumatic procedure for the patient and a much shorter recovery. The potential for Type I endoleak can be dealt with separately after insertion of the stent-graft assembly by using an internal sealing stent inside the graft after the graft has been deployed. This requires a separate step for the procedure, but enables the use of much smaller simpler device that is much less likely to present problems.

The Examiner is requested to consider these references during the examination and to make the references of record.

Respectfully submitted,

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